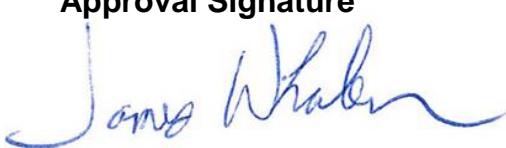




Department of Public Safety Police Division Policies and Procedures

<u>Title</u>	<u>SOP Number</u>
Administration of Naloxone Hydrochloride (Narcan or Naloxone)	9.3.100
<u>Approval Signature</u>	
 A handwritten signature in blue ink that reads "James L. Whalen".	
James L Whalen	
Reviewed/Revised by	Pages 5
Last Revision Date	Effective Date
May 18, 2021	November 22, 2016

Administration of Naloxone Hydrochloride (Narcan or Naloxone)

- I. **Purpose:** The purpose of this policy is to provide procedural guidelines for the administration of Naloxone Hydrochloride (Narcan or Naloxone) by officers of the University of Cincinnati Department of Public Safety.
- II. **Policy:** It is the policy of the University of Cincinnati Department of Public Safety to preserve life and assist persons in distress whenever possible. All officers will be trained in the use of Nasal Naloxone and will have access to Nasal Naloxone in order to assist persons experiencing an opioid based overdose.
- III. **Information:** Officers who have successfully completed the Division approved training on the administration of Nasal Naloxone will be expected to utilize the medication in the course of their duties in an effort to save the lives of those individuals who the officers determine are experiencing an opioid overdose.

Ohio Revised Code 2925.61(D) grants immunity from administrative action and criminal prosecution to a peace officer who, acting in good faith, administers Naloxone to an individual who is apparently experiencing an opioid-related overdose and obtains Naloxone from the peace officer's law enforcement agency.

Ohio Revised Code 4729.51 enables a law enforcement agency to obtain Naloxone Hydrochloride without a Terminal Distributor of a Dangerous Drug (TDDD) license if the only drug that will be in the possession of the agency is Naloxone Hydrochloride.

IV. Definitions:

Naloxone Hydrochloride (also known as Narcan or Naloxone): A medication that can possibly reverse a potentially lethal condition caused by an opioid drug overdose.

Nasal Naloxone: Naloxone administered through a nasal injector kit.

Opioid: This is a sedative narcotic primarily used to relieve pain. When an individual is suffering from an opioid overdose, the effects of the opioid interfere with that individual's ability to breathe properly, and death may occur without proper intervention. Common opioids include Heroin, Codeine, Demerol, Morphine, Darvocet, Fentanyl, Dilaudid, Methadone, Opium, Hydrocodone, Oxycodone, Levorphanol, Vicodin, OxyContin, Tylenol 3, Tylox, Percocet, and Percodan.

Recovery Position: When an individual has been administered Naloxone due to an apparent opioid overdose, this body placement position allows the individual's airway to remain open and provides for the stability of the individual. The individual should be positioned on their left side, with their left leg extended straight down and their right leg extended out 90 degrees from hip.

V. Procedure:

A. Officer Response

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1. An officer responding to a call for assistance will, prior to administering Nasal Naloxone, make a determination based on the factors and circumstances described in Section A(1)(b) below that the individual involved is experiencing an opioid overdose.
2. Information that an officer may use to make the determination that an individual is experiencing an opioid overdose includes:
 - a. Statements from witnesses that indicate there is a probability that the individual is experiencing an overdose;
 - b. Physical evidence at the scene that indicates an overdose is occurring;
 - c. Visible symptoms of an overdose include:
 - 1) Deep snoring or gurgling
 - 2) Irregular (or absence of) breathing
 - 3) Slow or absent pulse
 - 4) Pinpoint pupils
 - 5) Bluish skin tinged
 - 6) Limp limbs
 - 7) Vomiting
 - d. Any other articulable information that would lead an officer to believe that the subject is in an opioid overdose condition.
3. Once an officer has determined the individual is experiencing an opioid overdose, the officer should request a police shift or detail supervisor and local Emergency Medical Services (EMS) respond to the scene.
4. Officer will administer the Nasal Naloxone as instructed by the Division approved Nasal Naloxone training they received. If the administration of Nasal Naloxone does not have an effect within 2 to 4 minutes, administer a second dose if possible.

Once the Nasal Naloxone has been administered, officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting and/or violent behavior by the individual. The individual should be placed into the Recovery Position (person is rolled onto their left side with the left arm moved aside and supported to allow for lung expansion and the right leg crossed over the left).

5. The officer should monitor the individual's condition and continue to render first aid until relieved by the responding EMS. The officer should be prepared to perform CPR using a rescue mask until EMS arrives and takes over. The officer will inform the Communication Center that Naloxone has been administered. The officer will also ensure that the responding EMS has been notified that Naloxone Hydrochloride has been administered to the individual.
6. Once the individual has been released to the responding EMS provider and any additional investigation has been completed, the officer who administered the

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Nasal Naloxone shall complete an incident or offense report in accordance with the Department's policy and procedures.

B. Supervisor Response

1. The shift or detail police supervisor should respond to possible opioid overdoses once notified by the Communication Center, an officer on scene who has requested a supervisor's presence, or another agency has requested the Division's response due University student, faculty or staff involvement.
2. The supervisor should confirm that local EMS has been contacted and is in route to the scene.
3. The supervisor should ensure that evidence is collected in a proper and safe manner according to the Division's policies and procedures for any subsequent investigation that may follow. This includes any physical evidence or witness statements to be included in the official report.
4. The supervisor should ensure used Nasal Naloxone is replaced with a new Nasal Naloxone kit in a timely manner.

C. Storage and Daily Assignment

1. The shelf life of Naloxone Hydrochloride is approximately two years. The vehicle inspection team are required to notify the Inspections Lieutenant within 30 days of the expiration date of the Nasal Naloxone kit to obtain a fresh supply of the medication.
2. Naloxone, for long term storage, should be stored out of direct sunlight and when practical, between 59 and 86 degrees Fahrenheit.
3. Naloxone should not be left in a motor vehicle for extended periods of time and should not be subjected to extreme heat or extreme cold as those temperatures may impact the medication's effectiveness.
4. The Nasal Naloxone will be maintained in the First Aid kits and deployed by officers to their vehicle at the beginning of each shift and returned to their storage location at the end of each shift.
5. Missing or damaged Nasal Naloxone kits will be reported immediately to the shift supervisor.

D. Naloxone Program Coordinator

1. The Chief of Police will designate a Naloxone Program Coordinator (Inspections Lieutenant) for the Division. The Coordinator shall track usage, oversee Naloxone inventory, coordinate training of personnel and maintain reports related to Naloxone usage.
 - a. The Coordinator shall ensure all police officers are trained in the use of Nasal Naloxone.

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- b. The Coordinator shall ensure all police officers receive annual retraining in the use of Nasal Naloxone.
- c. The Coordinator shall ensure all new police officers are trained in the use of Nasal Naloxone before the Field Training program is completed.
- d. The Coordinator shall monitor Naloxone expiration dates.
- e. The coordinator will order and replace kits as necessary and in response to an expiration date within 30 days.
- f. The coordinator shall maintain reports that track the department's inventory of Naloxone, and Naloxone usage.
- g. The coordinator shall replace Nasal Naloxone kits that have been used, lost or damaged.